J. 4.

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status

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A. LUNT

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EXAMINER

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## **COVER LETTER**

TO: Registration Security Division of Corp		ش. ا	•		
SUBJECT:	Creative In Name of Limi	pact, LLC. ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
For further information co	Creative 7065 lives Orlando,	M. Nuzzo  Name of Person  Impact, LLC.  Firm/Company  Hoointe Bvd. Suite  Address  FL 32835  City/State and Zip Code  creative impact. E o be used for future annual report notifical		2009 JUL 10 PM 1: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	下にたし
	. Nuzzo		82		
Name of	<u> </u>	at (407) 581 - 68  Area Code & Daytime T	elephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	)
MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Impac	f, LLC.	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u></u> 03 00000521	pany were filed onOl	07 2003 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
n/a		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company,"	
Enter new principal offices address, if applicable:	n	AHE TA
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	SSE O
		PH D
Enter new mailing address, if applicable:		n/a \$7.5.
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ecords, enter the name of the new
Name of New Registered Agent:	nla	
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM	= Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Jimmy E. Peters	2424 Butler Bay Drive North Windermere, FL 34786	Add Remove
NGR	Terryl Nuzzo	4984 Keeneland Circle Orlando, FL 32819	Add Remove
			Add Remove
			ZOOS ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
			Remove
			Add
		ge(s) here: (Attach additional sheets, if necessary.)	Remove
·	Please delete Jimm	become partner/manage	ger
	part of the Organi	ization.	<del></del>
	Terryl Nuzzo has	become partner/manage	<u>~</u>
	as of 7-1-09.		
Dated	July 1 , 20	<u> </u>	
	71/2	W. M. Mido	
		er or authorized representative of a member	<del></del>
		1. NUZZO	<del></del>

Page 2 of 2

Filing Fee: \$25.00